

Service Database Web Elements

Medicaid ID Number
Social Security Number
Last Name, First Name
Date of Birth
Race
County Code
Prenatal Provider Number
Prenatal Gravida/Para
Date of 1 <sup>st</sup> Prenatal Visit
Weeks Gest. At 1 <sup>st</sup> Visit
Total # PNC Visits
Psychosocial Risk Status At Time of Enrollment
Date of Last Pregnancy
Previous Fetal Loss
Previous Preterm Births Less Than 37 Weeks
Diabetic Counseling
Diabetic Counseling Visit Date
Pre Maternal Weight
Post Maternal Weight
Smoker or Recent Quitter
Smoking Cessation until Postpartum Visit
Delivery Provider
Delivery Hospital
Delivery Date
Postpartum Care Coordination Encounter
Postpartum Encounter Completed within 20 Days
Total # of Care Coordination Encounters Completed
Psychosocial Risk at Delivery
Delivery Induced
Delivery Induced Reason
Gestational Age at Delivery Weeks
Pregnancy Outcome
Maternal Death
Maternal Death Pregnancy Related
Maternal Death Date
Type of Delivery
Infant Number 1
Infant Weight # 1
Infant in NICU #1
Infant Number 2
Infant Weight #2
Infant in NICU #2

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Infant Number #3
Infant Weight #3
Infant in NICU #3
Infant Number 4
Infant Weight #4
Infant in NICU #4
Infant Number 5
Infant Weight #5
Infant in NICU #5
Home Visit Completed
Postpartum Visit Date
Breastfeeding at hospital discharge
Breastfeeding at Postpartum Medical Visit
Family Planning Visit Completed
Postpartum Visit Completed
Birth control method
Status